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ABSTRACT

In 1977 Paul and Lentz published results of social learning therapy, also called token economy, for chronic psychiatric inpatients of state mental hospitals. The enormous success of token economy therapy both for the patients' mental health and for cost effectiveness led Paul and Lentz to conclude that this therapy was the treatment of choice for the chronically mentally ill and would overtake active milieu therapy and medications/custodial care. A study was conducted which surveyed Veterans Administration Medical Centers nearly 8 years after the Paul and Lentz study to see if this had occurred. The 20 Veterans Administration Centers which had psychiatric inpatients all responded to the survey questionnaire which asked about their use of and opinions on the token economy system. The survey results revealed that only one percent of all psychiatric patients were treated with token economy therapy. One half of those centers with inpatient services used this type of therapy. Staff resistance, staff shortages, and difficulty in referrals were given as problems with the therapy. The Diagnostic Related Group payment system may reduce funding for this inpatient care and further decrease the use of token economy. (ABL)

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## Abstract


Token Economy Programs in VA Medical Centers: Where Are They Today?

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Paul and Lentz (1977) found strong evidence that a token economy was the treatment of choice for chronic psychiatric inpatients. Yet the present study which surveyed 152 VA medical centers (100% return rate) found that only 6.6% of these centers used token economies for psychiatric inpatients. Further, despite the fact that the VA treated 46,360 Schizophrenics last year, only 1.01% of all psychiatric inpatients were offered a token economy program during the period. Hypotheses about why such a powerful program is being ignored are offered and suggestions for remedying the situation are made.



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# Token Economy Programs in VA Medical Centers: Where Are They Today?

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Almost eight years ago Paul and Lentz (1977) published the results of a singularly outstanding study of the effects of psychosocial treatment of chronic mental patients. The work was herculean in effort. It described more than ten years of intensive research on the treatment of chronic mental patients and was easily the most thorough study of the treatment of chronic patients to date. The results of this study were equally impressive. Despite the fact that the population being studied was chronic, psychotic inpatients on the "back wards" of a state mental hospital, Paul and Lentz were enormously successful both from an effectiveness, and a cost effectiveness, standpoint in treating these patients, and moving many of them off the ward and into more productive life styles. Based on this research Paul and Lentz concluded that their social learning therapy (token economy) is the treatment of choice for chronic mental patients, even when compared to an active milieu treatment, much less the usual medications/custodial care routine normally given these patients. Although earlier similar systems had shown promise (Ayllon and Azrin, 1968), these efforts seemed conclusive.

Thus, in 1977 it was this writer's certainty that five years hence such treatment programs would be commonplace for the chronically mental ill. The purpose of this study is to investigate that assumption by surveying VA Medical Centers. VAs should have use for such treatment programs. VA medical centers nation-wide treated 177,575 psychiatric inpatients in FY-1983.

## Survey Method

All 152 VA Medical Centers that have Psychology Services were surveyed by Nightingale (1984). Of these only 20 inpatient centers reported having a "behavior modification unit/token economy" program of any kind. These 20 centers were then contacted by us with a separate survey. Both surveys had 100% return rates.

The 20 programs that were surveyed were asked to respond to the following open-ended questions: (1) Are you satisfied that the program is effective? (2) What is the most difficult problem that you have with the program" (3) Even though token economy/social learning programs have been shown to be highly effective treatment for at least the chronic patient, only a very small percentage of medical centers within the VA system appear to use such programs. In your opinion, why is this the case? (4) At the present time how many and what type professionals are on the staff of your behavior modification/token economy program?

## Results

Only ten of these 20 centers have programs which would in any way qualify as a token economy program similar to that espoused by Paul and Lentz. Thus it was concluded that even in the VA where, in Fiscal Year

1983, 46,360 Schizophrenics were treated as inpatients with an average stay of 98 days, only 6.6% of all facilities have any type of token economy program. Also, in terms of the number of patients treated, there is even less use of these programs. For example, of the ten centers that did have token economy programs, only 1,801 patients were treated through these programs during the past year. Thus only 1.01% of all psychiatric patients treated in the VA are offered some form of social learning/token economy therapy.

Only one respondent was not satisfied with their program. The other nine said they were satisfied that the program was effective. Although only one response per question was requested, in all there were 14 responses given by all stations. Seven stations gave one response; two stations gave two responses; and one station gave three. Responses to the open question about the most difficult problem could be classified into six categories. The most common category of response involved staff resistance. Five responses centered on this issue, reporting that for whatever reason, the staff was not cooperative in putting forth the necessary effort to keep the program running smoothly and properly. Three responses cited staff shortages as the most difficult problem. Two responses had to do with referral issues, noting that they found it difficult to maintain adequate and appropriate referrals. Three programs noted that the difficulty of working constantly with chronic patients was their most difficult problem, and one station indicated that the most difficult problem was finding effective reinforcement for these patients. Finally, one program

pointed to the new prospective payment system adopted by the VA as their most difficult problem.

Responses to the second question were similar. When asked to speculate on why they thought token economy programs were so few in number in the VA, these programs gave in all 18 responses. Five of these responses suggested that staff resistance might be the cause. Five responses had to do with staff shortage, and five pointed to a lack of support from leadership as the most likely cause. Of the remaining responses, one cited the "high cost" of such programs; one felt that lack of trained staff was the major issue, and one indicated that concern for patient rights may be responsible for the small percentage of VA's now using token systems.

The response to the question about staff was unremarkable. Most programs used a typical ward team staff of a psychologist, psychiatrist, social worker and a cadre of nursing personnel.

On the whole then the most often cited problem with token economies whether in reference to the individual program or the VA in general had to do with staff resistance to such programs.

## Discussion

One major factor in accounting for the low number of social learning programs offered through VA Medical Centers may be staff resistance. It would seem reasonable to speculate that the reason for such resistance is that token economies require more staff effort at the lowest level of the nursing hierarchy, i.e. LPNs, nursing assistants, nursing aids, etc. Often these individuals are not motivated to treat the patient but to simply keep the patient from acting out and being a

problem. Although token economies might be effective at reducing acting out behavior in the long run, they may be less effective at this than simple custodial care for the short term. Thus, perhaps one reason that we find it difficult to implement social learning programs in the VA is because we have not attended to the contingencies that affect nursing staff behavior. It was also speculated by one respondent that token economies often appear punitive to nurses who are more often trained to help and care for the patient rather than teach patients to care for themselves.

Resistance to these programs may also appear in the administration of the medical center. Resistance from hospital directors and other supervisors may come about because they are are concerned anytime patient are deprived of anything. Administrators may fear that they will be accused of mistreatment by families, service organizations, newspapers, etc. Indeed in most VA Medical Centers, patients cannot even be deprived of cigarettes, a known carcinogen.

"Staff shortage" was also speculated as a possible reason for the low number of social learning programs. Yet Paul and Lentz demonstrated that token economy programs could be supported with the same number of staff required for simple custodial care. If staff shortage is a problem, we suspect that it is because it is a general shortage of staff throughout the VA system in these times of fiscal restraint, rather than a shortage for just this type of program. On the other hand, "staff shortage" is probably the most frequently cited reason for the inability to accomplish anything. It is a convenient reason because it makes the failure some one else's fault. Also "staff shortage" may not mean just

low numbers, but rather not having the right kind of staff needed to do the job, or willing to train people to do the job. Even though staff shortages can be, and often are problems, it can be an easy cop-out.

We were also somewhat puzzled by the response that appropriate referrals were a problem. Certainly inappropriate referrals is a common complaint of many clinical program directors in the VA Medical Centers. However, token economy programs are designed to deal with the difficult and regressed patients and thus most psychiatrists/physicians are happy to refer such patients for treatment.

Finally, although only one station replied that the new prospective payment accounting system was a problem for their program, this is likely to be more of an issue for long term care programs of all types in the VA in the future. In Psychiatry, most VA inpatients who stay longer than the prescribed inpatient stay for their particular DRG are treated as "outliers" and are paid back to the individual VA Medical Center at a much lower rate than for acute psychiatry. Since even the token economy programs, when dealing with the chronically psychiatrically ill patient, necessarily involve lengthy hospital stays, it is likely that they will be affected by the DRG system more than acute psychiatry. In fact, from a cost accounting standpoint, social learning programs might be a good bet for the VA since they do not cost any more than custodial care and they should increase the potential for moving patients off chronic wards with full nursing staffs into community homes with minimal care programs. Furthermore, outpatient treatment is more "lucrative" than inpatient treatment under the prospective payment system in the VA. We would strongly suggest that

the VA Administration and Controllers consider this as their new propsective accounting system evolves.

If staff resistance is a problem, it would be our recommendation that more external rewards for staff be used as a kind of social learning program for the staff itself. Special bonuses could be offered to those who spend the most time with patients or who, by some measure, are considered to be more effective in the process of treatment with patients. Certainly, at least as Paul and Lentz found, supervision must be constant. Supervisors must continually monitor staff to be certain that they are carrying out the program properly and are not jeopardizing the program by reinforcing inappropriate behavior.

In sum, it is our contention that token economy-social learning programs are effective from both a therapeutic and cost-accounting perspective. Any organization that is in the business of treating chronic mental patients should be aware of this and seriously consider using this powerful therapy. This is especially true as prospective payment systems are coming into existence as the modal accounting system for all medical care in this country. Research aimed at evaluating the cost effectiveness of such programs and that methods to reduce resistance of staff in administering such programs would be helpful.

## References

Ayllon, T., & Azrin, N. H. (1968). The token economy: A motivational system for therapy and rehabilitation. New York: Appleton-Century-Crofts.

Paul, G. L., & Lentz, R. J. (1977). Psychosocial treatment of chronic mental patients: Milieu versus social-learning programs. Cambridge: Harvard University Press.